

Name
in
Full

George R. Bennett

CERTIFICATE OF DEATH

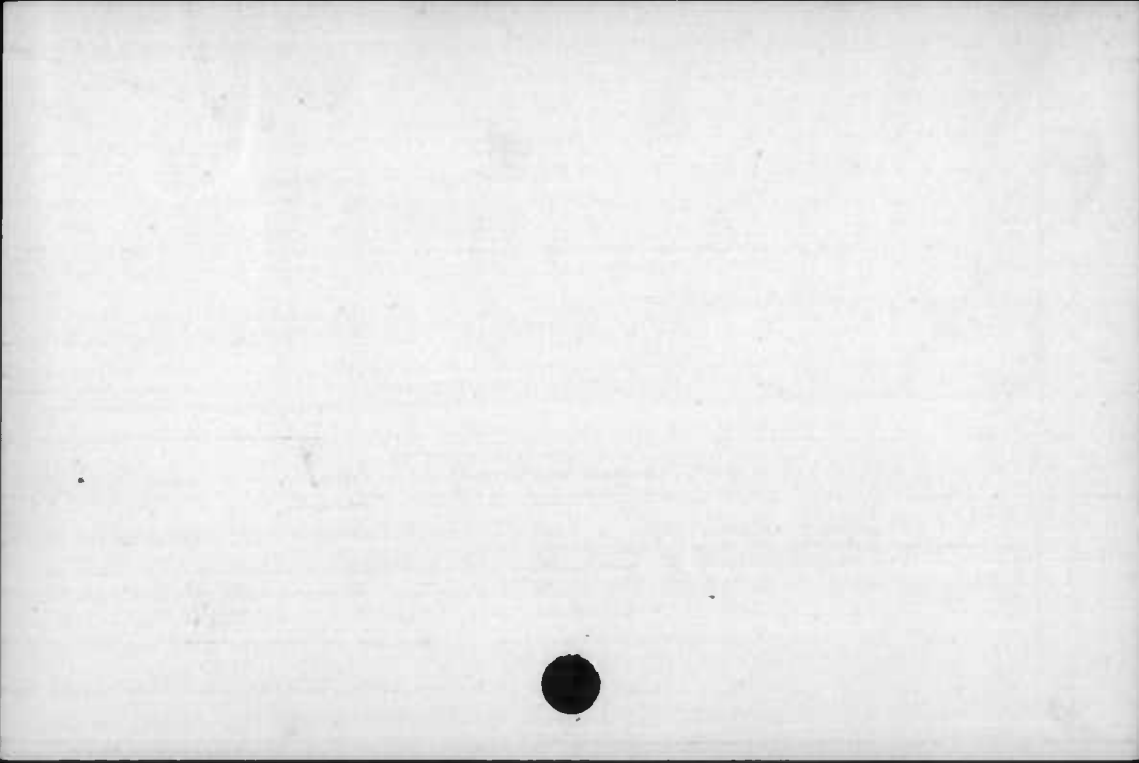
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1940</i>	Month <i>Jan.</i>	Day <i>25th</i>	Years <i>31</i>	Months <i>7</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury</i>		
Occupation <i>Labores</i>			Where Residing if not at place of death <i>Antietam Md.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>John T. Bennett</i>			Father's Birthplace <i>Salisbury Md.</i>		
Mother's Maiden Name <i>Biddie B. Bennett</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Charles E. Bennett</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>about 2 years</i>
Immediate <i>General exhaustion</i>	How long <i>several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louella M. Wood</i>
	Address <i>Antietam Md.</i>
Accident or Suicide?	



Name
in
Full

Harold C. Bowdoin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death	1900	Month Jan.	Day 18	Age 28	Years	Months 0	Days 0
Sex	Male		Color or Race	White		Birth- place	Snow Hill Md.
Occupation	Shirt Ironer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Charles C. Bowdoin					Father's Birthplace	Snow Hill Md.
Mother's Maiden Name	Fannie C. Nicholson					Mother's Birthplace	Unknown
Name of person giving information	Berry G. Bowdoin					How related to deceased	Brother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	8 days
Immediate	Exhaustion (after)	How long	3 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	[Signature]		
Address	Salisbury, Md.		
Accident or Suicide?	No		



Name
in
Full

Nettie Brittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County **MARYLAND**

Date of death 1960 Month Jan Day 11 Age 18 Years Months 5 Days

Sex Female Color or Race white Birthplace MD

Occupation Housework Where Residing if not at place of death

Married, ☐ Single ☒ Widowed Name of Wife or Husband George Brittingham

Father's Name Frank J. Booth Father's Birthplace MD

Mother's Maiden Name Annie Hastings Mother's Birthplace MD

Name of person giving Information Frank J. Booth How related to deceased father

CAUSES OF DEATH

137

V

PHYSICIAN
OR CORONER

Primary Septicemia following Confinement How long 3 or 4 weeks

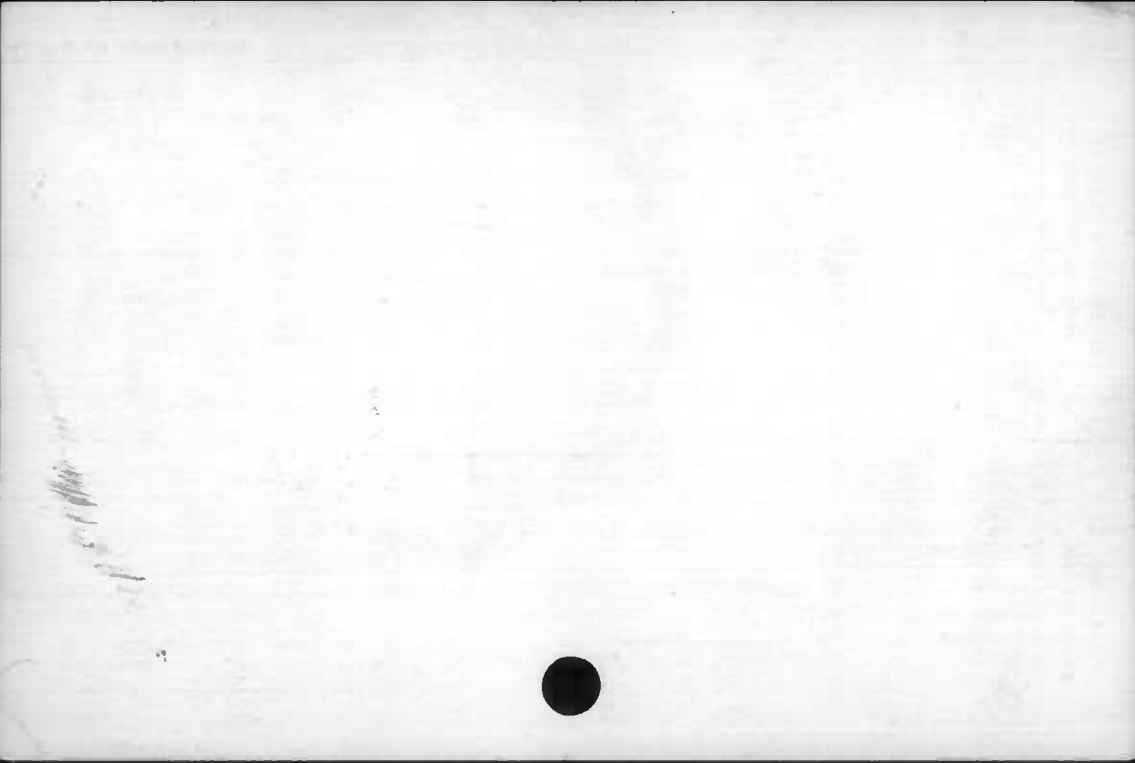
Immediate Septicemia How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Geo. H. Todd

Address Salisbury MD

Accident or Suicide 8



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

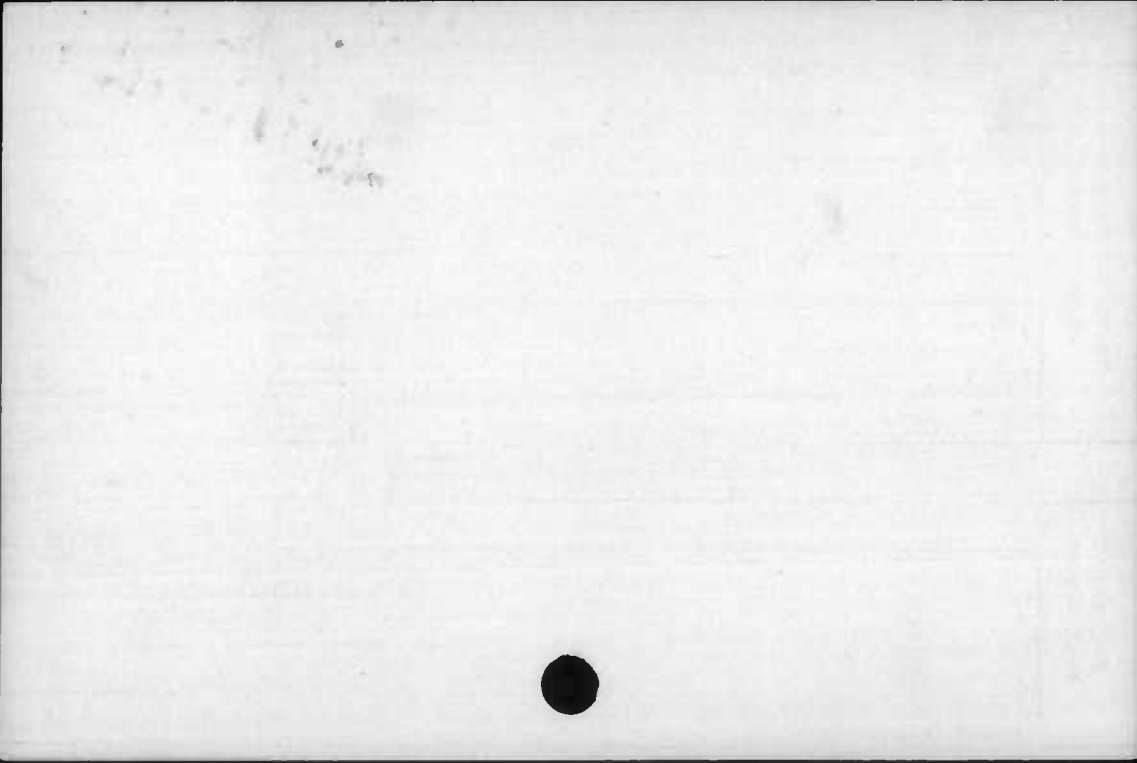
Infant of Paul Brown (Dead Born)

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u>	Month <u>Jan.</u>	Born Day <u>20</u>	Deced Age <u>0</u>	Years <u>0</u>	Months <u>0</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Salisbury Md.</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>None</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>Paul Brown</u>		Father's Birthplace <u>Ohio</u>			
Mother's Maiden Name <u>Emma D. Disharoon</u>		Mother's Birthplace <u>Allen Md.</u>			
Name of person giving information <u>Mrs. Belle Disharoon</u>		How related to deceased <u>Grand mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Don't Know</u>	How long	<u>Don't Know</u>
Immediate	<u>Don't Know</u>	How long	<u>Don't Know</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Louise E. ...</u>	
		Address <u>Salisbury Md.</u>	
Accident or Suicide?			



Name
in
Full

Infant no name Brington
Town County

CERTIFICATE OF DEATH

Died at Salisbury Month 1 Day 9 Year 1901 Months 5 Days 5

Date of death 1901 Age 5

Sex male Color or Race Birth-place Salisbury

Occupation Where Residing if not at place of death 300 - Cemetery St

Married, Single or Widowed Name of Wife or Husband

Father's Name Frederick O. Brington Father's Birthplace Salisbury

Mother's Maiden Name Julia A. Henry Mother's Birthplace Snow Hill

Name of person giving Information How related to deceased Mother

CAUSES OF DEATH

71

Primary Convulsions How long 3 days

Immediate Are the name, age, sex, color, date and place correctly given above? No

Signature of Physician

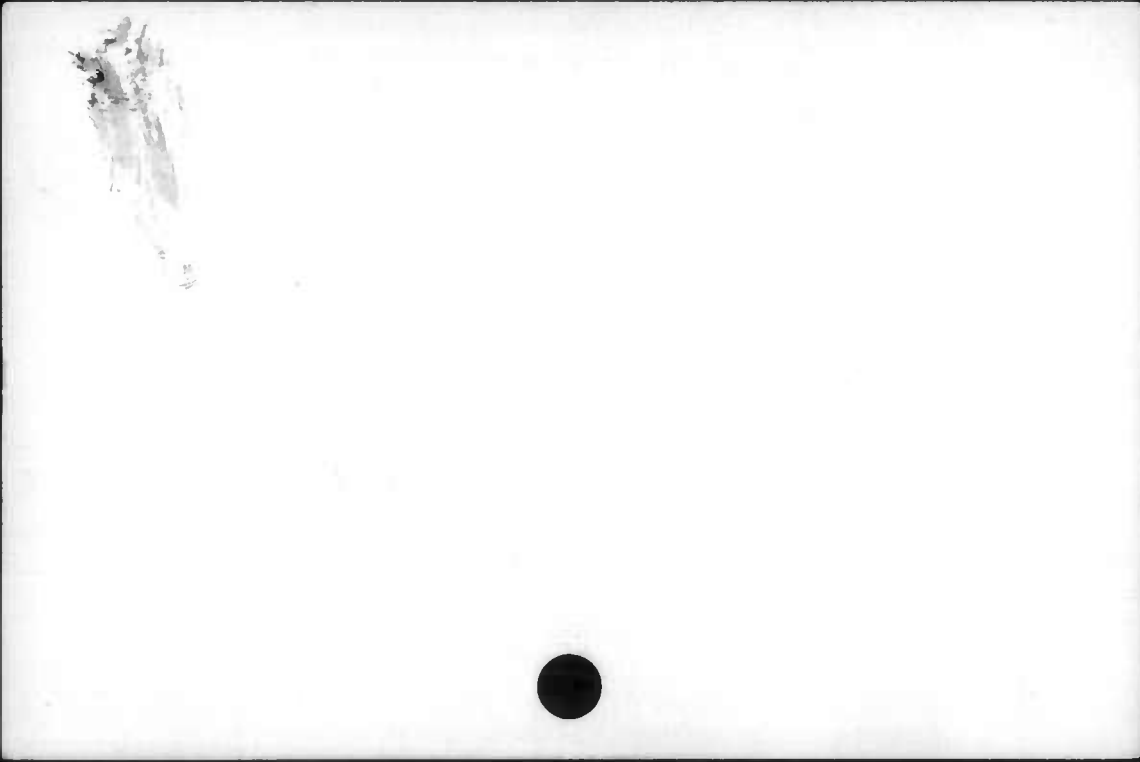
Address

J. W. Roberts
328 Church St.
Salisbury Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

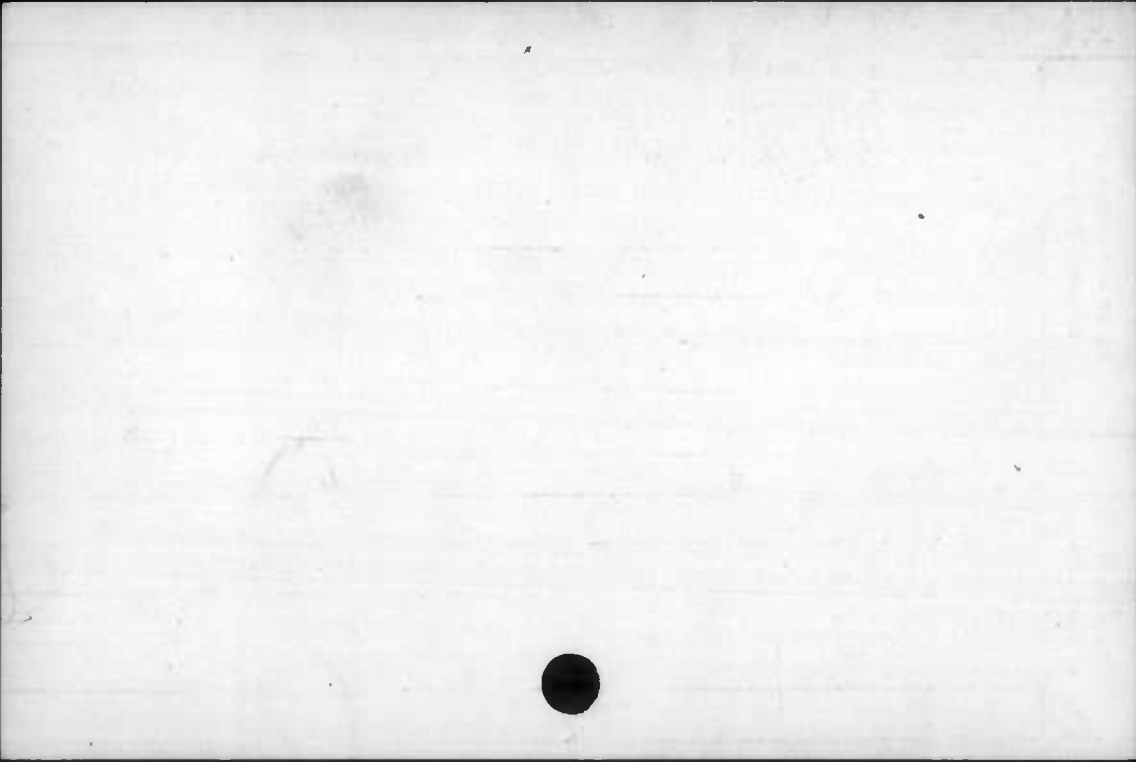
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Jan.	9th	37		1	11
Sex	Female	Color or Race	White	Birth-place	Hebron		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Selichy Md.			
Married		George W. Byrd					
Father's Name	Horatio Nelson				Father's Birthplace	Maryland	
Mother's Maiden Name	Sallie J. Hastings				Mother's Birthplace	Delaware	
Name of person giving information	Lila F. Nelson				How related to deceased	Sister	

CAUSES OF DEATH

Primary	Typhoid fever	How long	4 weeks
Immediate	Toxaemia	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		James O. Martin	
		Address	
		(Selichy Md.)	
Accident or Suicide?			



Name
in
Full

Bessie M. Baker

CERTIFICATE OF DEATH

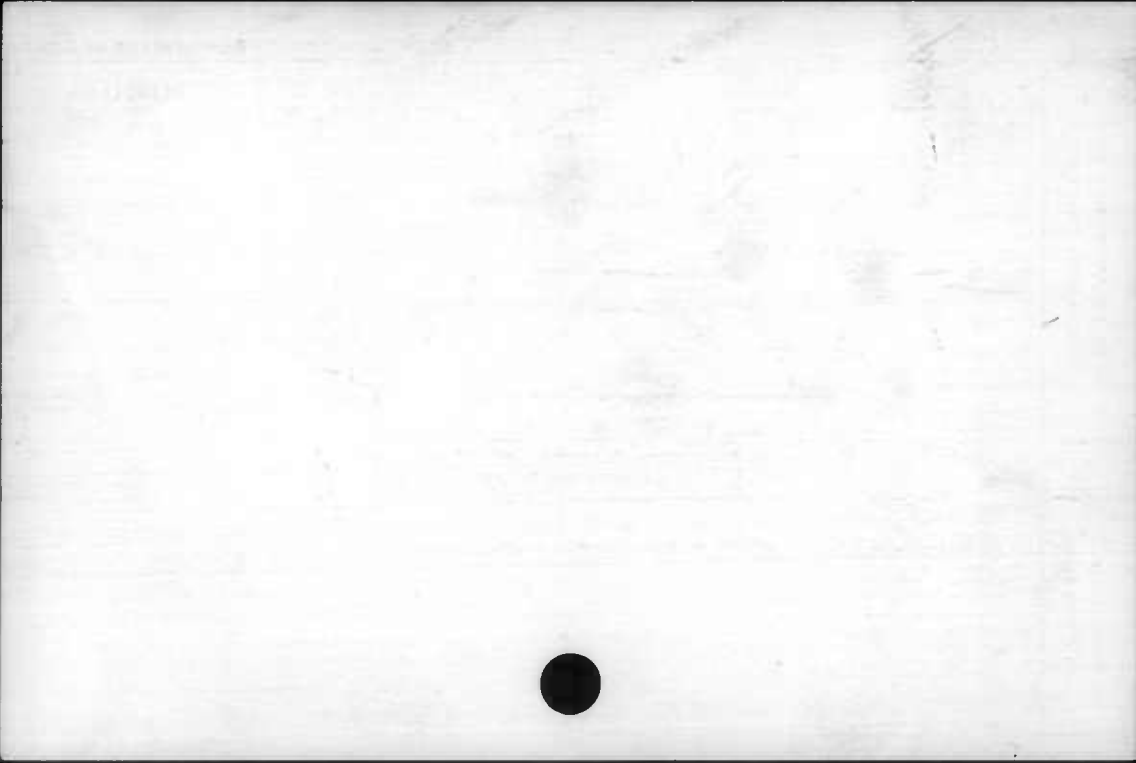
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 19 <u>00</u> Jan	Month	Day <u>17</u>	Years <u>19</u>	Months <u>4</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Del</u>		
Occupation <u>Housework</u>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <u>George E. Baker</u>				
Father's Name <u>John S. Austin</u>	Father's Birthplace <u>Del</u>				
Mother's Maiden Name <u>do not know</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving Information <u>George E. Baker</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Miscellaneous</u>	How long <u>8 days</u>
Immediate <u>Myocardial & heart failure</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. S. Potter</u>
	Address <u>Salisbury</u>
Accident or Suicide	



Name
in
Full

Edna M Colbourn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Micromin County
Date of death 1980 Jan 1 Day Age 2 6 Months 12 Days
Sex Female Color or Race white Birth-place MD
Occupation _____ Where Residing if not at place of death _____

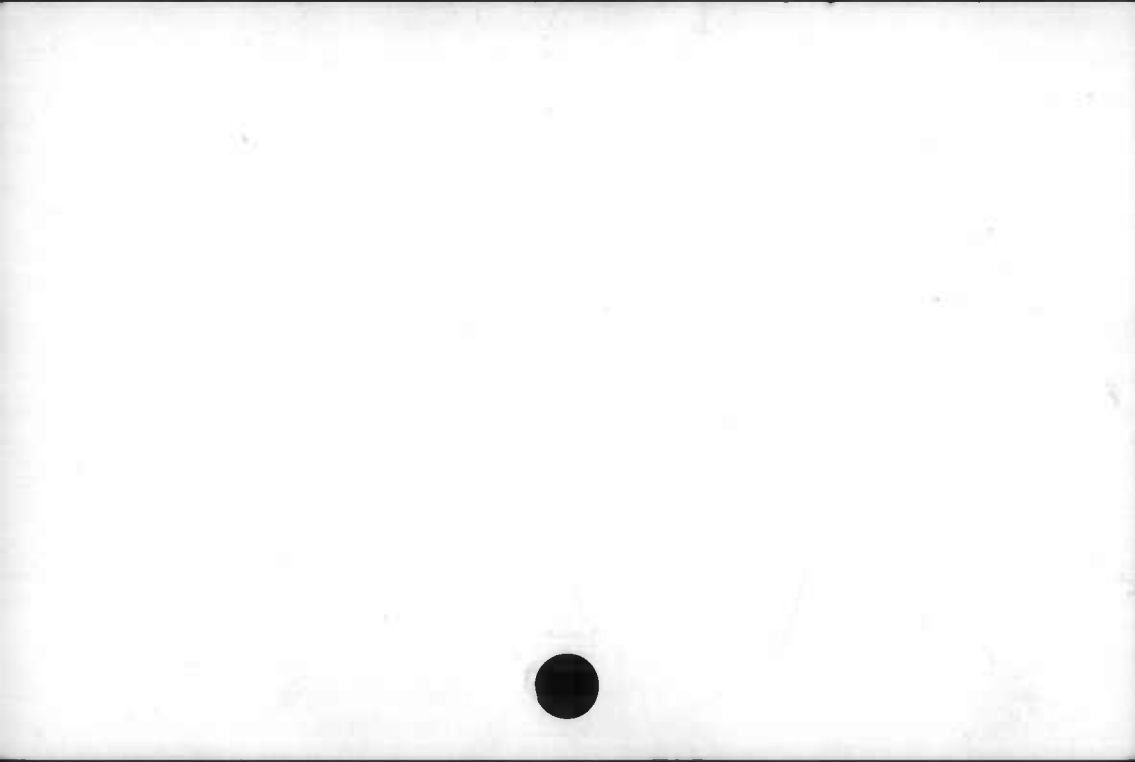
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name John S Colbourn Father's Birthplace MD
Mother's Maiden Name Erie Goode Mother's Birthplace Kentucky
Name of person giving Information John S Colbourn How related to deceased Father

CAUSES OF DEATH

9 ✓

PHYSICIAN
OR CORONER

Primary Laryngeal diphtheria How long 5 days
Immediate Laryngeal diphtheria How long 5 days
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician H. H. Harris M.D.
Address Salisbury MD
Accident or Suicide _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ada Furr* Town *Rackawalkin* County *Wilcomit* MARYLAND

Died at *Rackawalkin* Date of death *1901* ¹⁰ Month *1* Day *20* Age *3* ^{Years} Months *—* Days *—*

Sex *girl* Color or Race *colored* Birth-place *Wilcomit*

Occupation *colored* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Victor L. Furr* Father's Birthplace *Wilcomit*

Mother's Maiden Name *Alenior Furr* Mother's Birthplace *Luantio: Md*

Name of person giving Information *James Furr* How related to deceased *Brother*

PHYSICIAN
OR CORONER

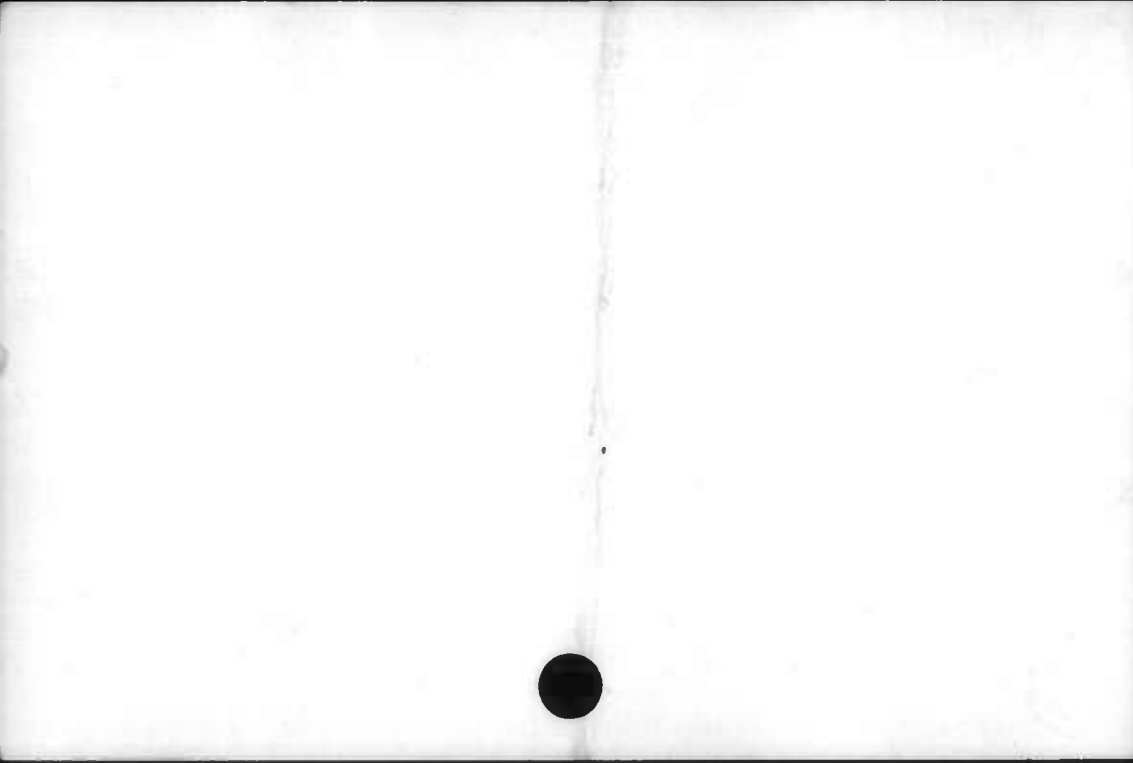
CAUSES OF DEATH

Primary *By fire from a stove* *Burns* *166* How long *2 hours*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. C. Coman* Address *Hebron Md*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

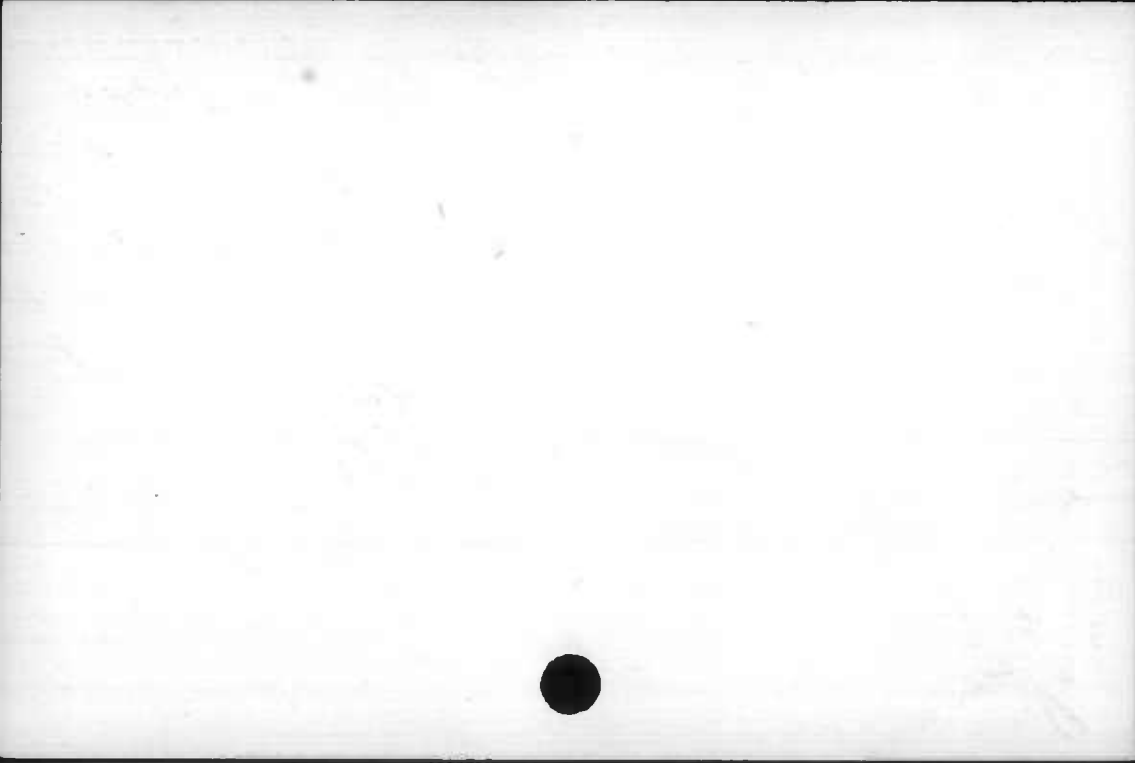
Lemuel Dale Gray
 Died at *Near Delmar* Town *Wicomico* County *MARYLAND*
 Date of death *1960* Month *1* Day *4* Age *65* Years *10* Months *20* Days
 Sex *Male* Color or Race *White* Birthplace *Maryland*
 Occupation *Farmer* Where Residing if not at place of death *Near Delmar*
 Married, Single or Widowed *Married* Name of Wife or Husband *Mary E. Gray*
 Father's Name *B. B. Gray* Father's Birthplace *Maryland*
 Mother's Maiden Name *Sarah Ann Teacher* Mother's Birthplace *Maryland*
 Name of person giving Information *B. B. Gray* How related to deceased *Father*

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *Years*
 Immediate *Bright's Disease* How long *Years*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Robert Ellwood M.D.*
 Address *Delmar Del*
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

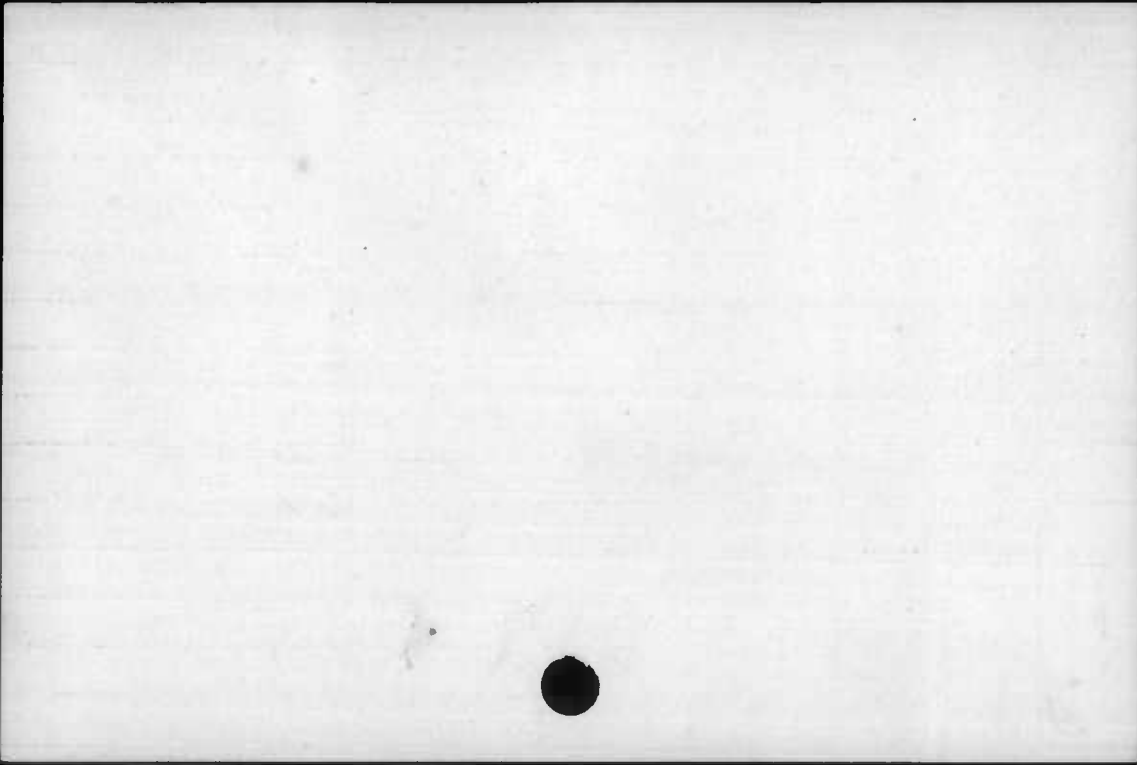
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	19 <i>00</i>	Month	<i>Jan.</i>	Day	<i>23rd</i>
Age	<i>54</i>	Years	<i>4</i>	Months	<i>15</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Salisbury</i>
Occupation	<i>Editor</i>		Where Residing If not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary M. Graham</i>		
Father's Name	<i>Samuel A. Graham</i>		Father's Birthplace	<i>Carlisle Pa</i>	
Mother's Maiden Name	<i>Louiza A. Collier</i>		Mother's Birthplace	<i>Salisbury Md.</i>	
Name of person giving information	<i>Samuel A. Graham</i>		How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

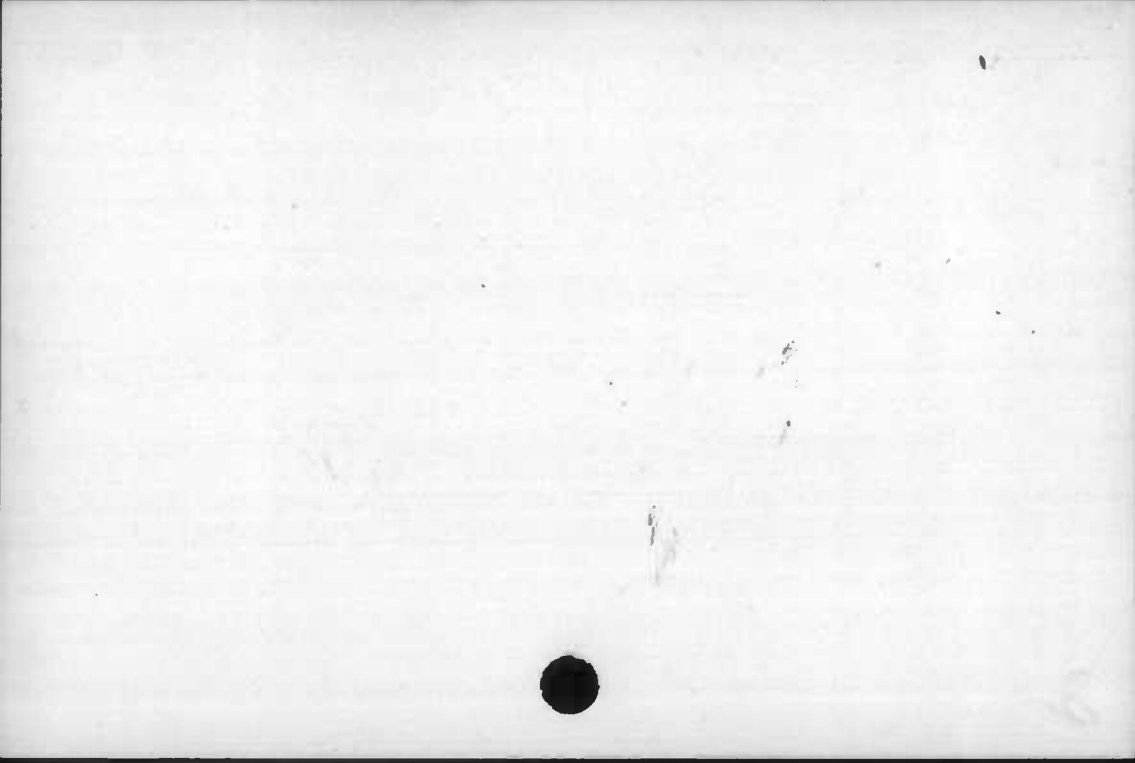
67

PHYSICIAN
OR CORONER

Primary	<i>General paresis</i>	How long	<i>7 years (?)</i>
Immediate	<i>Cardiac syncope</i>	How long	<i>few moments</i>
Are the name, age, sex, color, date and place correctly given above?	<i>So far as I know</i>	Signature of Physician	<i>J. J. [Signature]</i>
Address	<i>Salisbury, Md</i>		
Accident or Suicide?	<i>no</i>		



Name in Full		Jesse Huffington				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Allen	Town	Wicomico	County	MARYLAND	
	Date of death	1910	Jan.	15 th	Age	79	Months 10 Days 7
	Sex	Male	Color or Race	White	Birth-place	Wicomico Co. Md.	
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	Widower	Name of Wife or Husband	Hester E. Huffington			
	Father's Name	Jonathan Huffington			Father's Birthplace	Not Known	
	Mother's Maiden Name	Adams			Mother's Birthplace	" "	
	Name of person giving information	Jonathan Huffington			How related to deceased	Son	
PHYSICIAN OR CORONER	CAUSES OF DEATH				10		
	Primary	La Grippe			How long	5 days	
	Immediate	Pleur-Pneumonia			How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			Geo. H. Todd			
Address			Salisbury Md				
Accident or Suicide?							



Name
in
Full

Leonorah Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

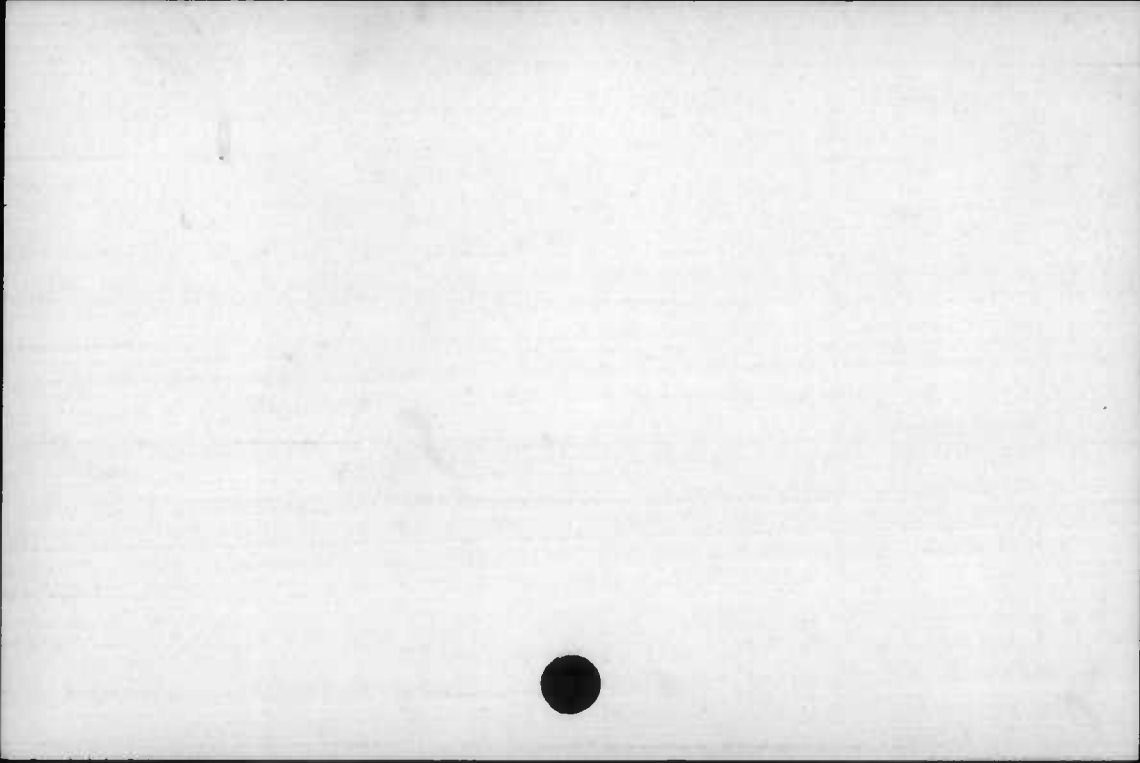
Died at <i>The P.G. Hospital</i> ^{Town} <i>Salisbury</i>		'County <i>Wicomico</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>Jan.</i>	Day <i>2</i> ^{and} <i>11</i>	Age <i>42</i>	Months <i>9</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dorsey Co. Del.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Bayville P.O. Dorsey Co. Del.</i>				
Married, Single <i>Married</i>	Name of Wife or Husband <i>Harry Jenkins</i>				
Father's Name <i>Aaron Holloway</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Margaret Hudson</i>	Mother's Birthplace <i>Urbanston</i>				
Name of person giving information <i>Harry Jenkins</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

42 ✓

PHYSICIAN
OR CORONER

Primary <i>Uterine carcinoma</i>	How long <i>Don't know</i>
Immediate <i>Thrombosis</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>J. M. D. Jr.</i>
<i>no I know</i>	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Clifton Jones

CERTIFICATE OF DEATH

Died at

Salisbury

Town

County

Micromis

MARYLAND

Date

of death

1900 Jan 4

Month

Day

Age

Years

15

Months

Days

Sex

Male

Color or
Race

Colored

Birth
place

James R. R. R. R.

Occupation

Oyster Layer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Henry D. Jones

Father's
Birthplace

James C. R. R.

Mother's
Meiden Name

Sallie Roberts

Mother's
Birthplace

James C. R. R.

Name of person giving
Information

Father

How related
to deceased

Father

CAUSES OF DEATH

Primary

Perforating ulcer gall-bladder

How long

6 months

Immediate

Peritonitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. M. R. R.

Salisbury Md

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clarence Russell Leatherbury
Town County MARYLAND

Died at *Salisbury* Month *Jan* Day *24* Age *1* Years Months *2* Days *—*

Date of death 190 *10*

Sex *male* Color or Race *Black* Birth-place *Salisbury*

Occupation *—* Where Residing if not at place of death *208 Cathell*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Benjamin Leatherbury* Father's Birthplace *Wilcombe*

Mother's Maiden Name *Maggie Russell* Mother's Birthplace *Waver Del*

Name of person giving Information *—* How related to deceased *mother*

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary *Syphilis (hereditary)* How long *14 months*

Immediate *—* How long *—*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *J. W. Roberts* Address *328 Church St - Salisbury Md*

Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

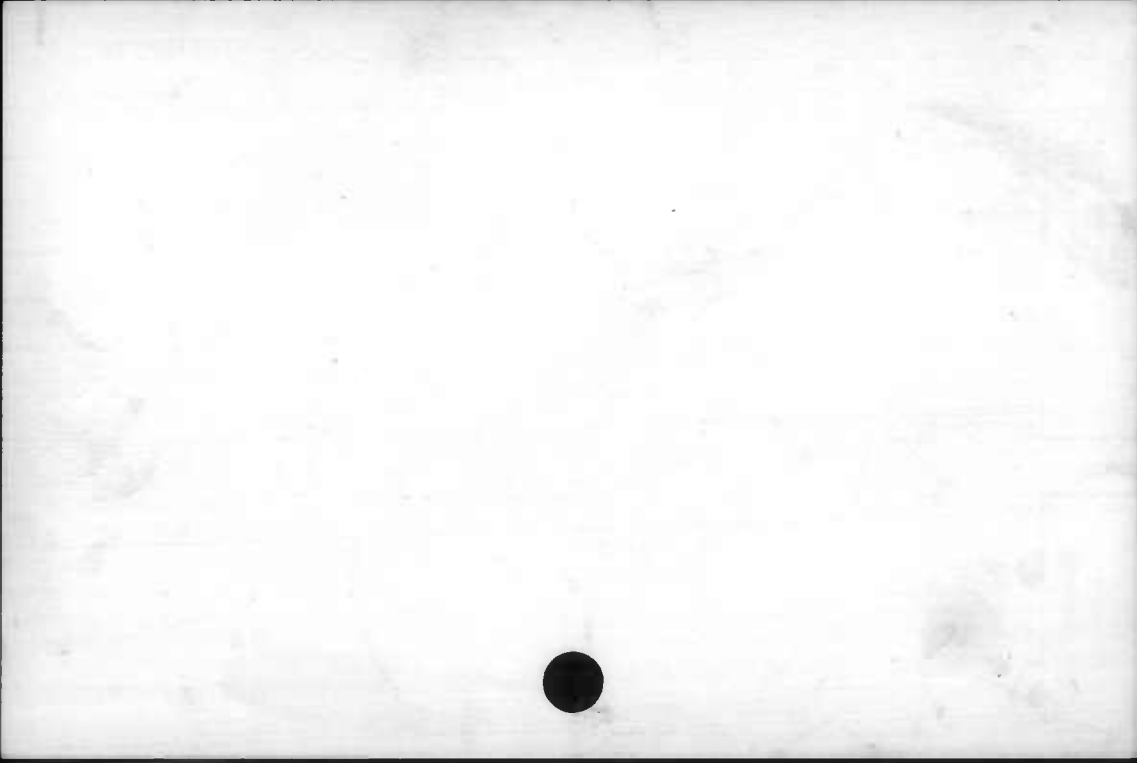
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Norman Lewis</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>10</i>		Day <i>28</i>		Year <i>11</i>	
Date of death 19 <i>00</i>		Month <i>Jan</i>		Day <i>28</i>		Age <i>11</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>MD</i>		Months <i>10</i>	
Occupation _____		Where Residing if not at place of death _____		Days <i>24</i>			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>James Lewis</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Pola Clark</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>James Lewis</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Epilepsy</i>	How long	<i>8 years</i>
Immediate	<i>Convulsion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. Boller</i>	
		Address <i>Salisbury Md.</i>	
Accident or Suicide			



Name
in
Full

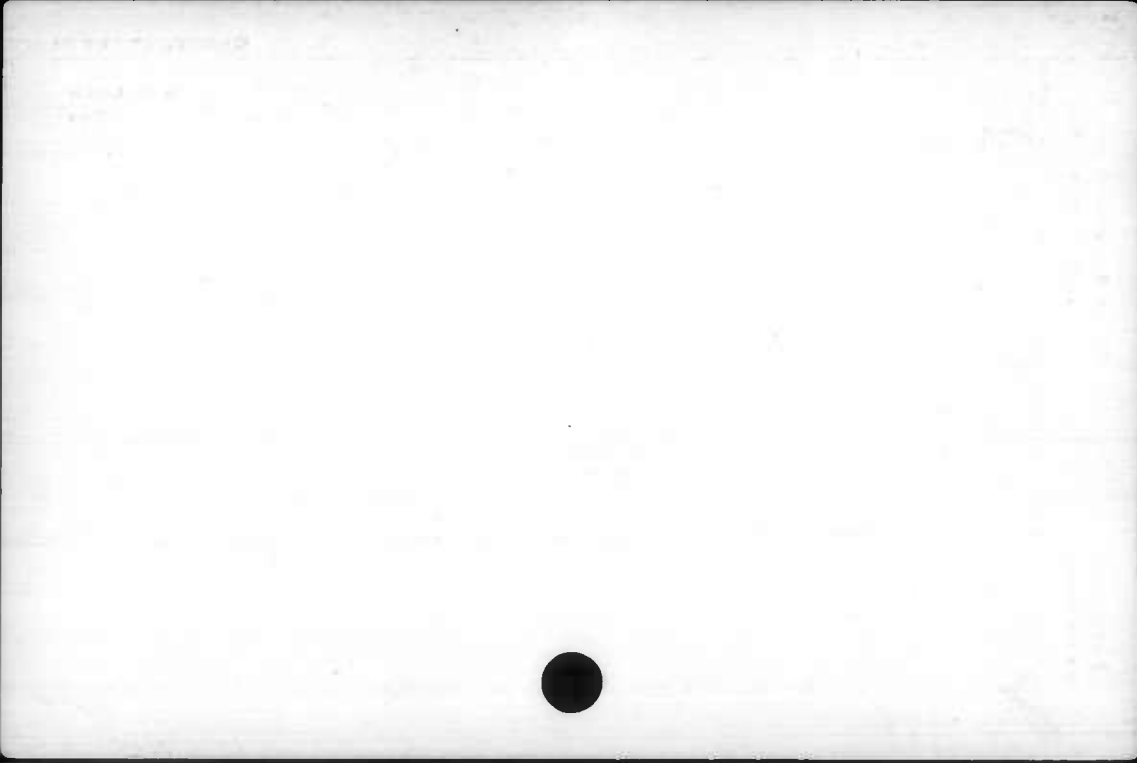
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i>		Town <i>Dehman</i>	County <i>Richmond</i>	MARYLAND	
Date of death <i>1960</i>	Month <i>Jan</i>	Day <i>14</i>	Age <i>50</i>	Months <i>0</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Dela</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>near Dehman</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. D. Mills</i>				
Father's Name <i>George Stacey</i>	Father's Birthplace <i>Dela</i>				
Mother's Maiden Name <i>Mary E. Mone</i>	Mother's Birthplace <i>Dela</i>				
Name of person giving Information <i>Jasper D. Mills</i>	How related to deceased <i>Husband</i>				
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>5 weeks</i>
Immediate <i>Perforation of Bowel</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert Ellegood M.D.</i>
	Address <i>Dehman Del</i>
<input checked="" type="checkbox"/> Accident or Suicide	



Name
in
Full

Lambert J. Muir

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

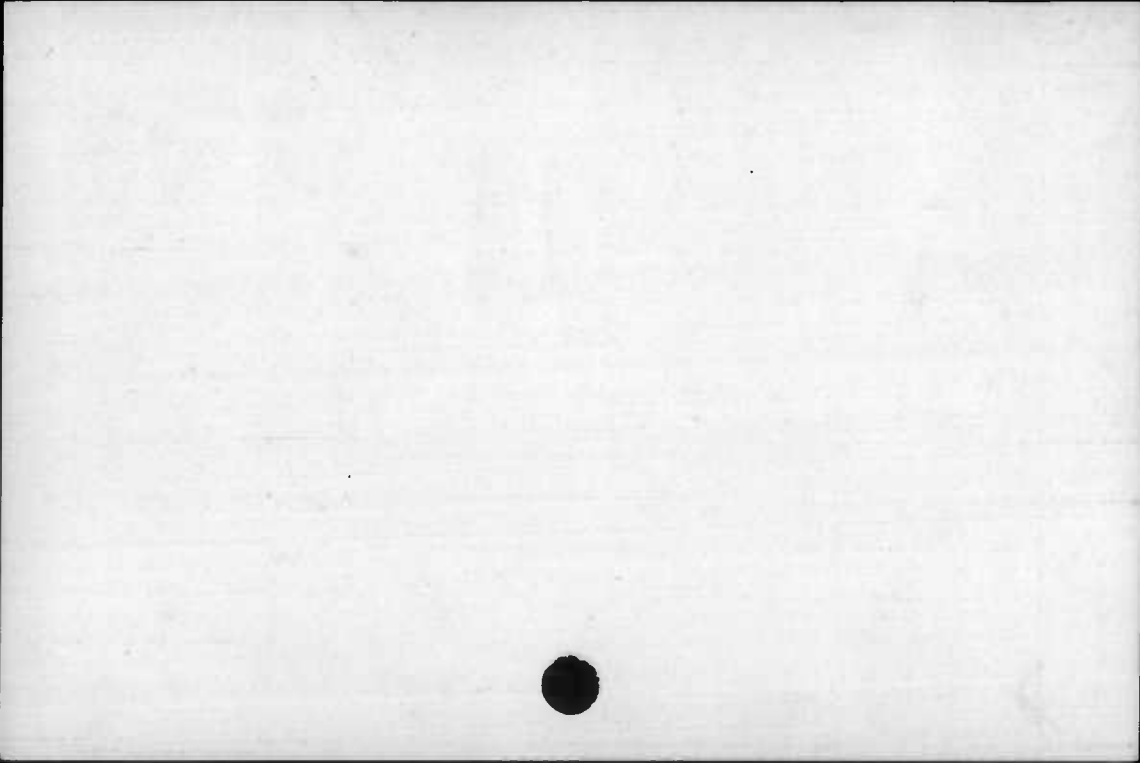
Died at <i>Near Front Street</i>		Town <i>Front Street</i>		County <i>Micomico</i>		MARYLAND	
Date of death	<i>1910</i>	Month <i>Jan.</i>	Day <i>27th</i>	Age <i>20</i>	Years	Months <i>8</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Oriole Md.</i>				
Occupation <i>Section hand</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Elizabeth E. Muir</i>						
Father's Name <i>Lambert J. Muir</i>	Father's Birthplace <i>Oriole Md.</i>						
Mother's Maiden Name <i>Nat. K. Brown</i>	Mother's Birthplace <i>Chilmark</i>						
Name of person giving information <i>Geo. W. Schofield</i>	How related to deceased <i>Father in law</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>7 months</i>
Immediate <i>Exhaustion</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. C. R. Smith</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

John W. Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Salisbury</i>		Town of <i>Wicomico</i>		County		MARYLAND	
Date of death	<i>1900</i>	Month	<i>Jan.</i>	Day	<i>11th</i>	Years	<i>80</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Wicomico Co. Md.</i>		
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Laura A. Parker</i>				
Father's Name	<i>John Parker</i>				Father's Birthplace <i>Wicomico Co. Md.</i>		
Mother's Maiden Name	<i>Betsy Hearn</i>				Mother's Birthplace <i>" " "</i>		
Name of person giving information	<i>Ernest L. Parker</i>				How related to deceased <i>Son</i>		

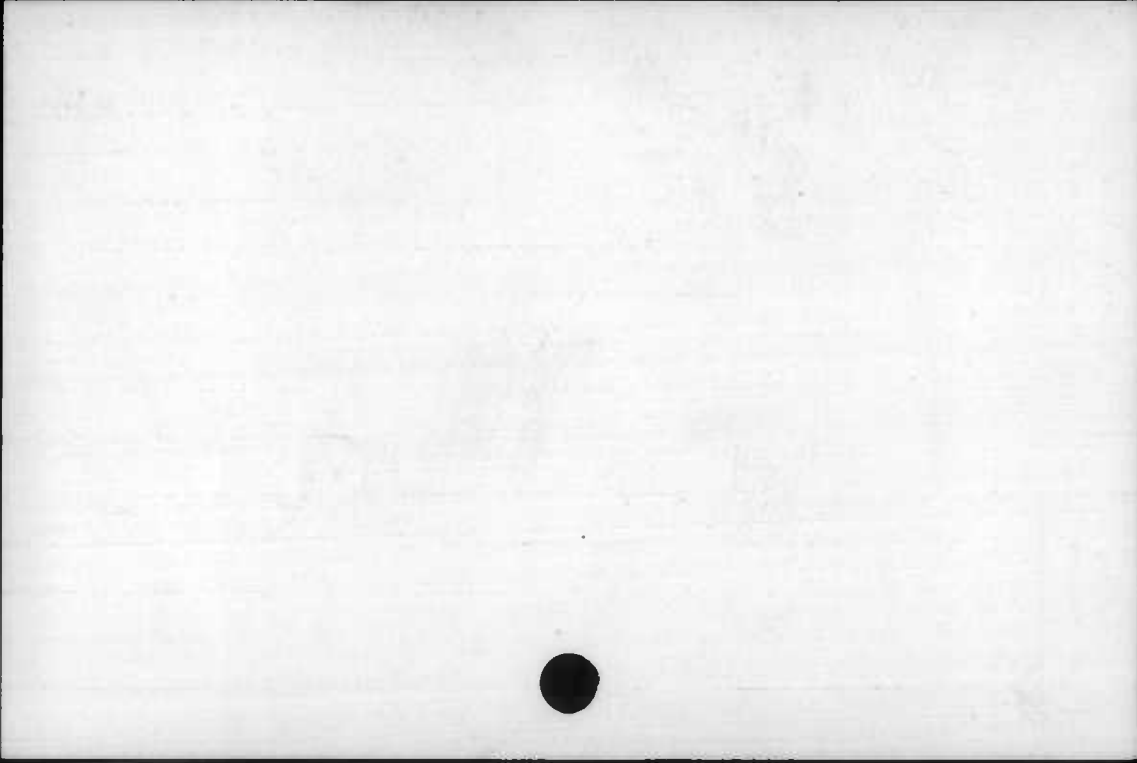
CAUSES OF DEATH

188

V

PHYSICIAN
OR CORONER

Primary	<i>Old Scalding, founded in bed</i>	How long	
Immediate	<i>No Physician</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. A. Lader</i>
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1940 Jan. 25				Age 39			
Sex	male	Color or Race	A. A.		Birth-place	Salisbury	
Occupation	Gen. labor		Where Residing if not at place of death				
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Lenoid Parsons				Father's Birthplace	Salisbury	
Mother's Maiden Name	Hannah White				Mother's Birthplace	Wilcoxville	
Name of person giving Information	Lenoid Parsons				How related to deceased	Father	

CAUSES OF DEATH

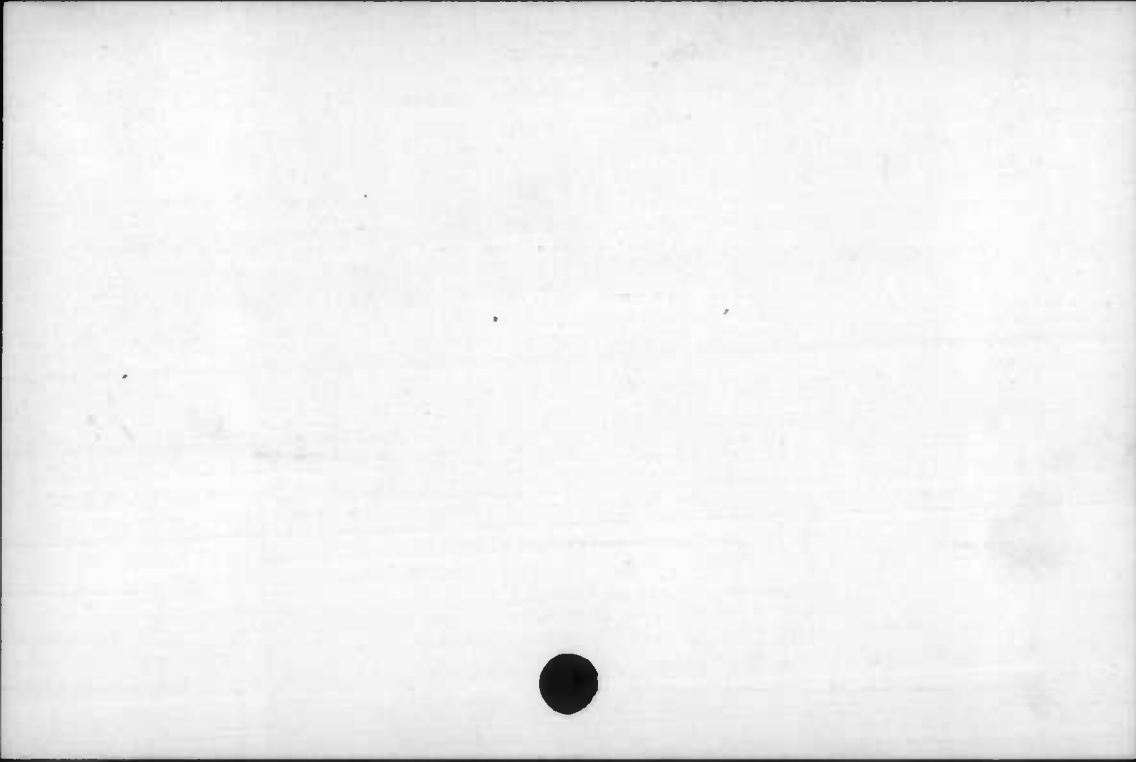
27

PHYSICIAN
OR CORONER

Primary	Tuberculosis pulmonary		How long	4 mos
Immediate	Exhaustion		How long	90 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
as I know			Salisbury Md	
Accident or Suicide		no		



Name in Full		Milton A. Parsons				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Salisbury		County Wicomico		MARYLAND	
	Date of death	190	Month Jan.	Day 3rd	Years 83	Months 11	Days 6
	Sex	Male		Color or Race	White		
	Occupation	Farmer		Where Residing if not at place of death		Wicomico Co. Md.	
	Married, Single or Widowed	Widower		Name of Wife or Husband		Berdisse Travers Williams	
	Father's Name	John Parsons		Father's Birthplace		Wicomico Co. Md.	
	Mother's Maiden Name	Easter Somers		Mother's Birthplace		" " "	
Name of person giving information	Mrs E. Kiall White		How related to deceased		Daughter		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Asphyx Smothering				How long	64 2 1/2 hrs
	Immediate	Asphyx Smothering				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
	Yes		Geo. H. Todd		Salisbury Md.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

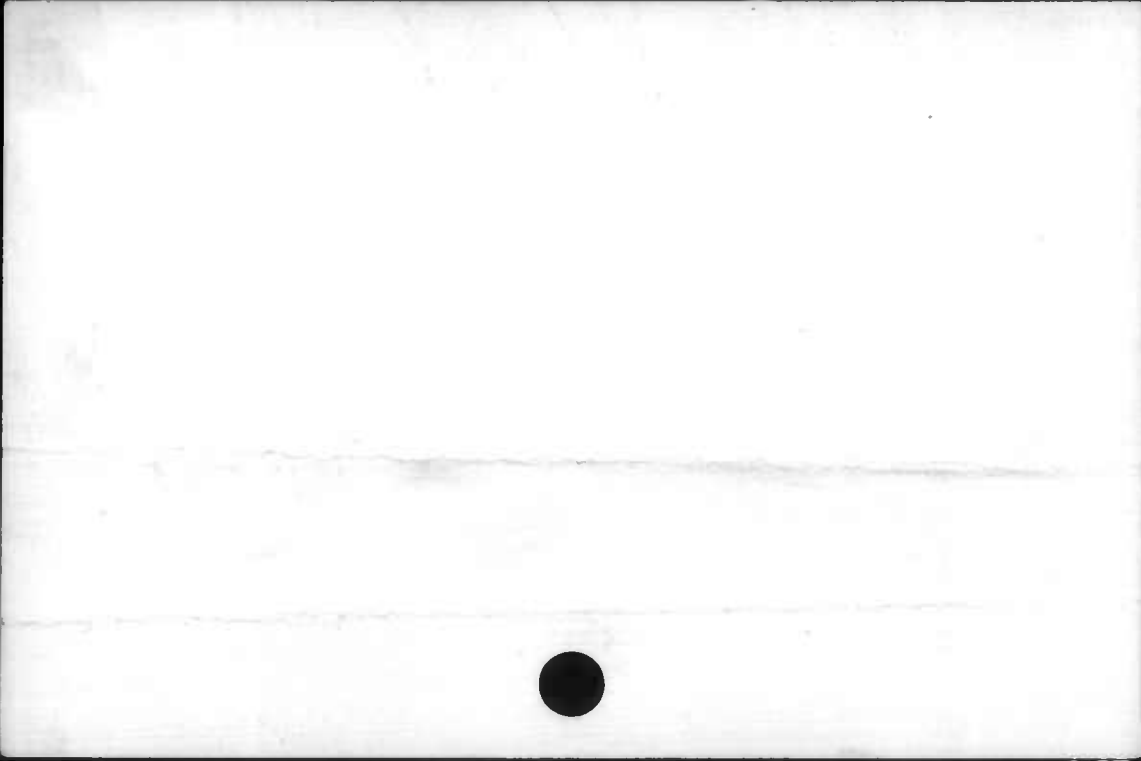
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Russell</i>		Town <i>Mandella</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Mandella</i>		Month <i>1</i>		Day <i>25</i>		Age <i>65</i>	
Date of death <i>1960</i>		Months <i>1</i>		Years <i>25</i>		Days <i>65</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Maryland</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Burtis, Russell</i>					
Father's Name <i>Jerry, Bradley</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mary, Bennett</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Laura, Bradley</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary	<i>Consumption</i>	How long <i>27</i>	<i>One year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. L. English</i>	
		Address <i>Mandella - spgs</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Ralph Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

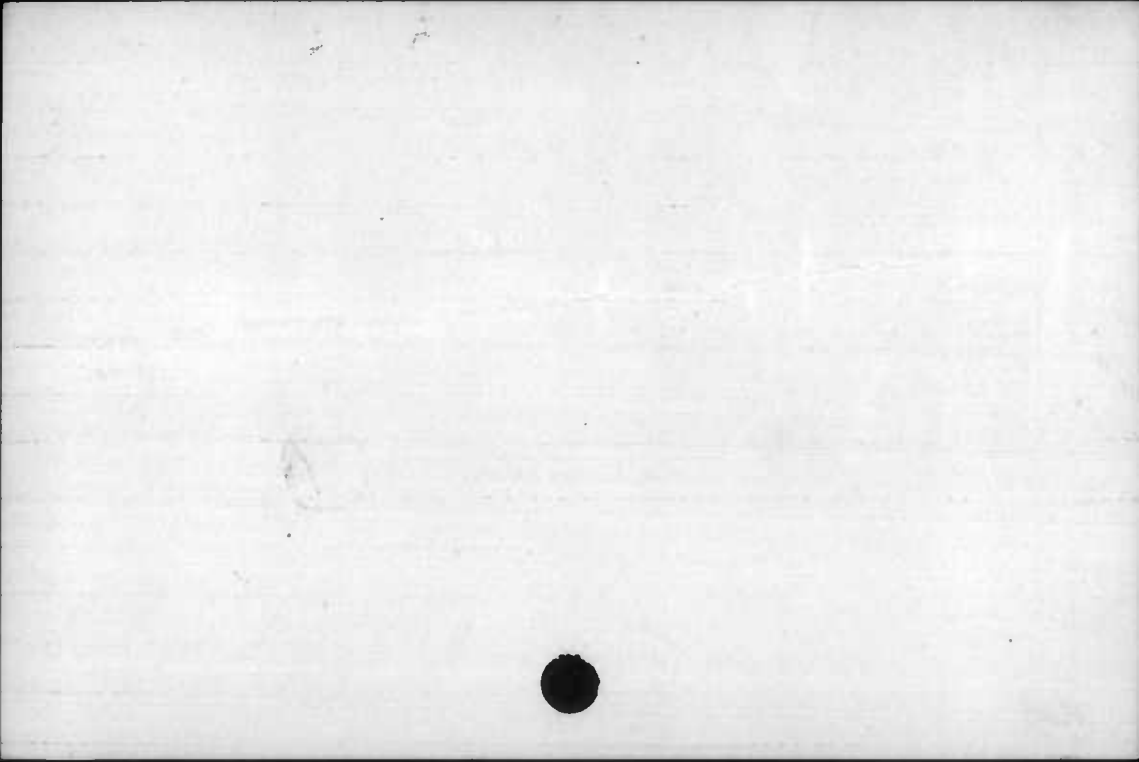
Died at <i>Near Siloam Church</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death <i>1900</i>	Month <i>Jan.</i>	Day <i>24th</i>	Age <i>4</i>	Years	Months <i>0</i>	Days <i>0</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Siloam Church</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single <i>Single</i> or Widowed			Name of Wife or Husband				
Father's Name <i>William L. Smith</i>				Father's Birthplace <i>Wicomico Co. Md.</i>			
Mother's Maiden Name <i>Cora Bonnels</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Thomas Smith</i>				How related to deceased <i>Grand Father</i>			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<i>Membranous Group</i>	How long <i>Three days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Long M.D.</i>
<i>Yes</i>		Address <i>Frederick Md.</i>
Accident or Suicide?		



Name
in
Full

Laveria B Taylor

CERTIFICATE OF DEATH

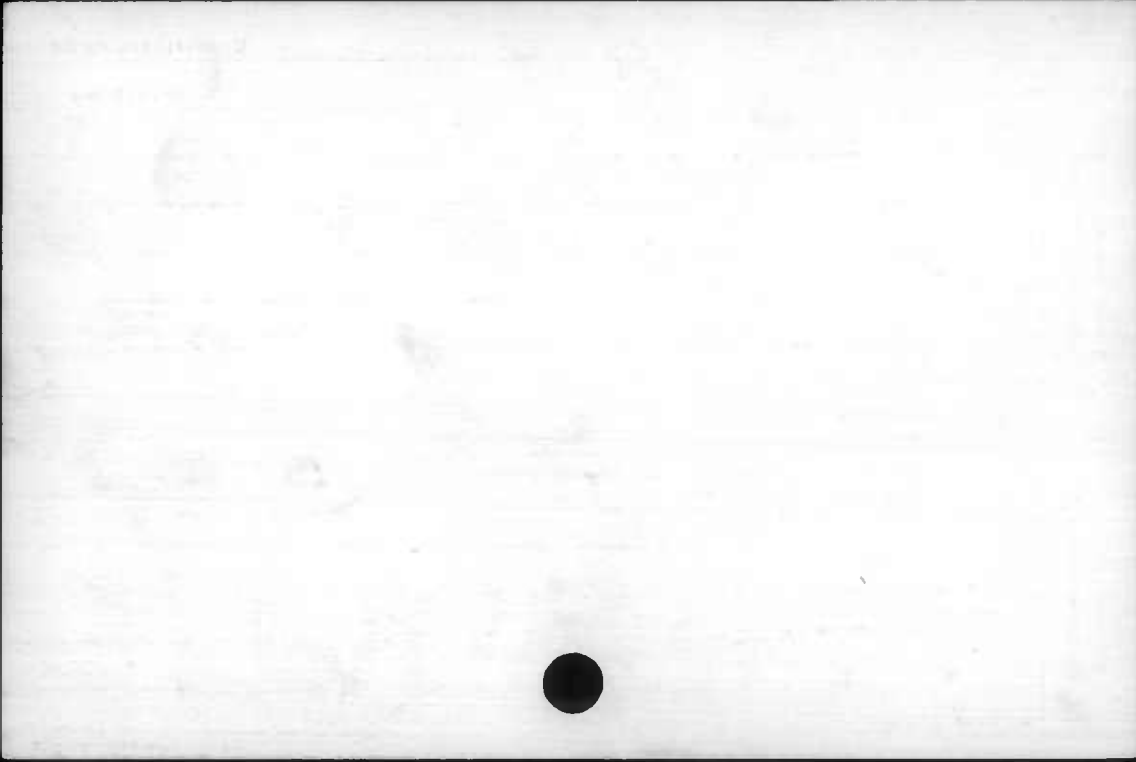
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Salisbury ^{County} Wicomico ^{State} MARYLANDDate of death 19 ¹⁰ 20 ^{Month} Jan ^{Day} 21 ^{Years} Age 3 ^{Months} 0 ^{Days} 20Sex Female ^{Color or Race} White ^{Birth-place} MdOccupation House work ^{Where Residing if not at place of death}Married, ~~Single~~ ~~or Widowed~~ ^{Name of Wife or Husband} A Giff TaylorFather's Name James W Grassfield ^{Father's Birthplace} DelMother's Maiden Name Leah A Lohrey ^{Mother's Birthplace} MdName of person giving Information A Giff Taylor ^{How related to deceased} Husband

CAUSES OF DEATH

Primary Gun shot wound hip ^{How long} 16 daysImmediate Tetanus ^{How long} 4 daysAre the name, age, sex, color, data and place correctly given above? ^{Signature of Physician} M. J. D. D. D.as I know ^{Address} Salisbury, Md

Accident or Suicide Accident

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

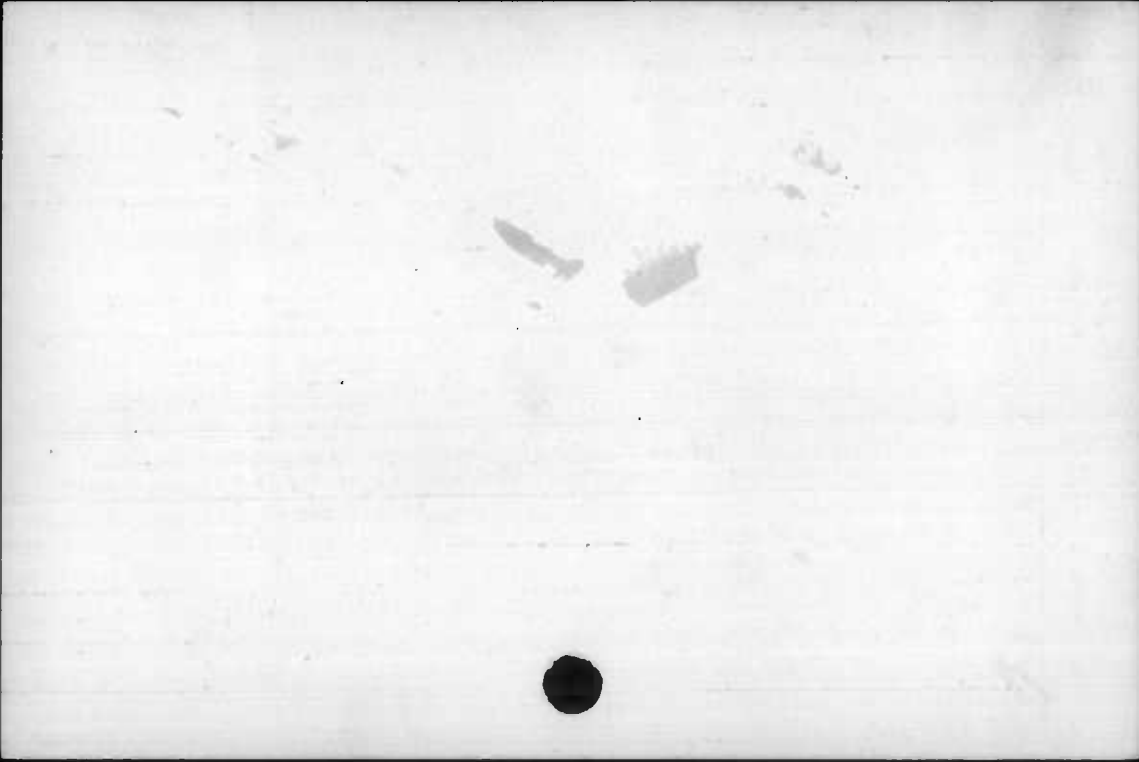
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>1st</i>	Age <i>0</i>	Months <i>0</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury</i>		
Occupation <i>~~~~~</i>			Where Residing if not at place of death <i>~~~~~</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>			
Father's Name <i>Henry S. Todd</i>			Father's Birthplace <i>Salisbury Md.</i>		
Mother's Maiden Name <i>Agnes Phelps</i>			Mother's Birthplace <i>Near Cambridge "</i>		
Name of person giving information <i>Henry S. Todd</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151 ✓

PHYSICIAN
OR CORONER

Primary <i>Premature Birth-</i>	How long <i>One month</i>
Immediate <i>Premature Birth-</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. H. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Belmar</i> ^{County} <i>Hickory</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>Jan</i>	Day <i>7</i>	Age <i>0</i> Years <i>0</i> Months <i>0</i> Days <i>6</i>
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth-place <i>Belmar</i>	
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Belmar</i>		
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Infant</i>		
Father's Name <i>Joseph Bailey</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Carly Williams</i>	Mother's Birthplace <i>MD</i>		
Name of person giving Information <i>Carly Williams</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

Primary *No Doctor*

189
How long

Immediate

How long

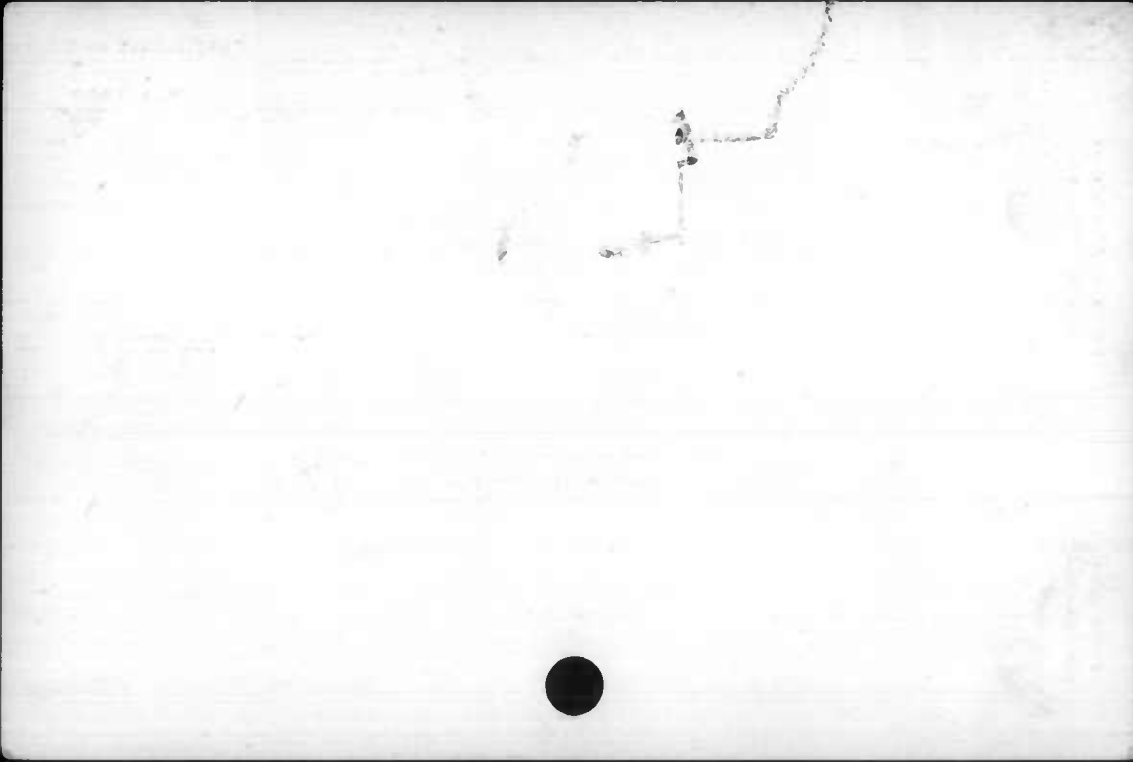
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

N.B. Stephens (Comm)
Belmar Md.

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

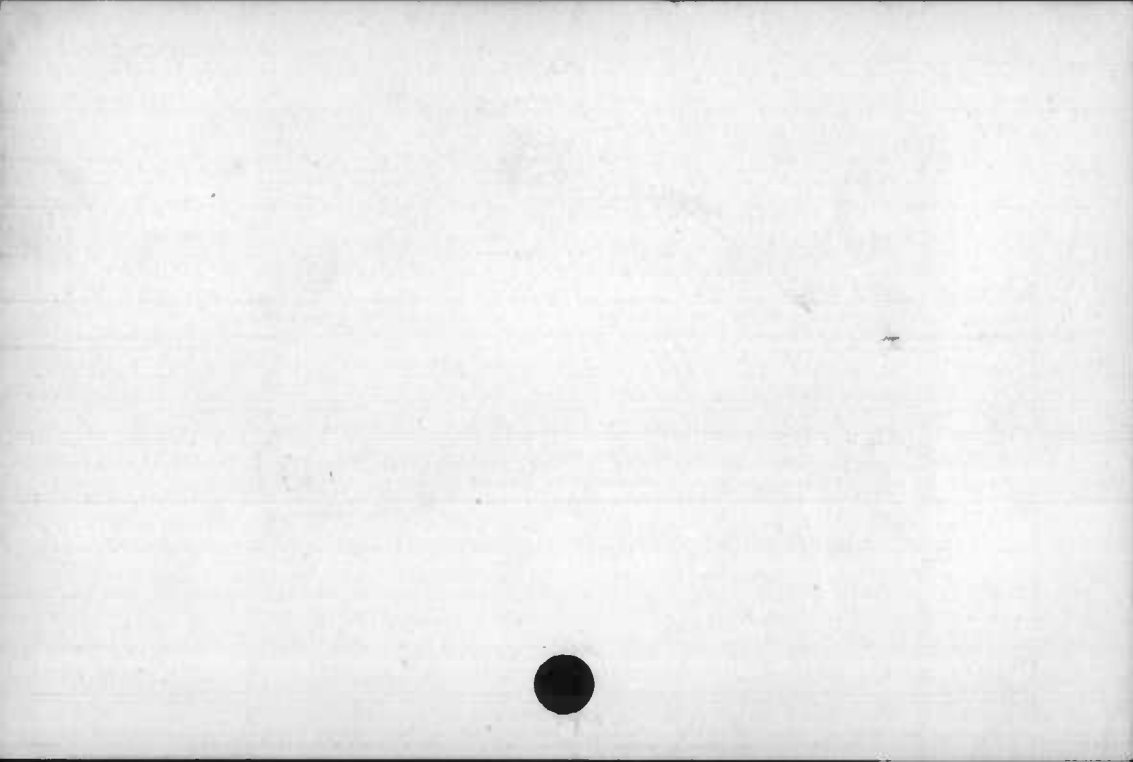
Name Minerva C. Wilson		Town Near Parsonsbury		County Wicomico		MARYLAND	
Died at		Date of death 1904		Month Jan.		Days 4th	
Sex Female		Color or Race White		Age 30		Months 0	
Occupation Housewife		Birth place Wicomico Co., Md.		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Linwood Wilson		Father's Name E. G. White		Father's Birthplace Wicomico Co., Md.	
Mother's Maiden Name Mariah C. Mills		Mother's Birthplace " " "		Name of person giving Information E. G. White		How related to deceased Father	

CAUSES OF DEATH

1907

PHYSICIAN
OR CORONER

Primary	Abdominal Dropsy	How long	5 or 4 months
Immediate	Exhausted vitality	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. Geo. W. Truitt	
Address		Parsonsbury, Maryland	
Accident or Suicide?			



Name
in
Full

Mildred Ellen Storteen

CERTIFICATE OF DEATH

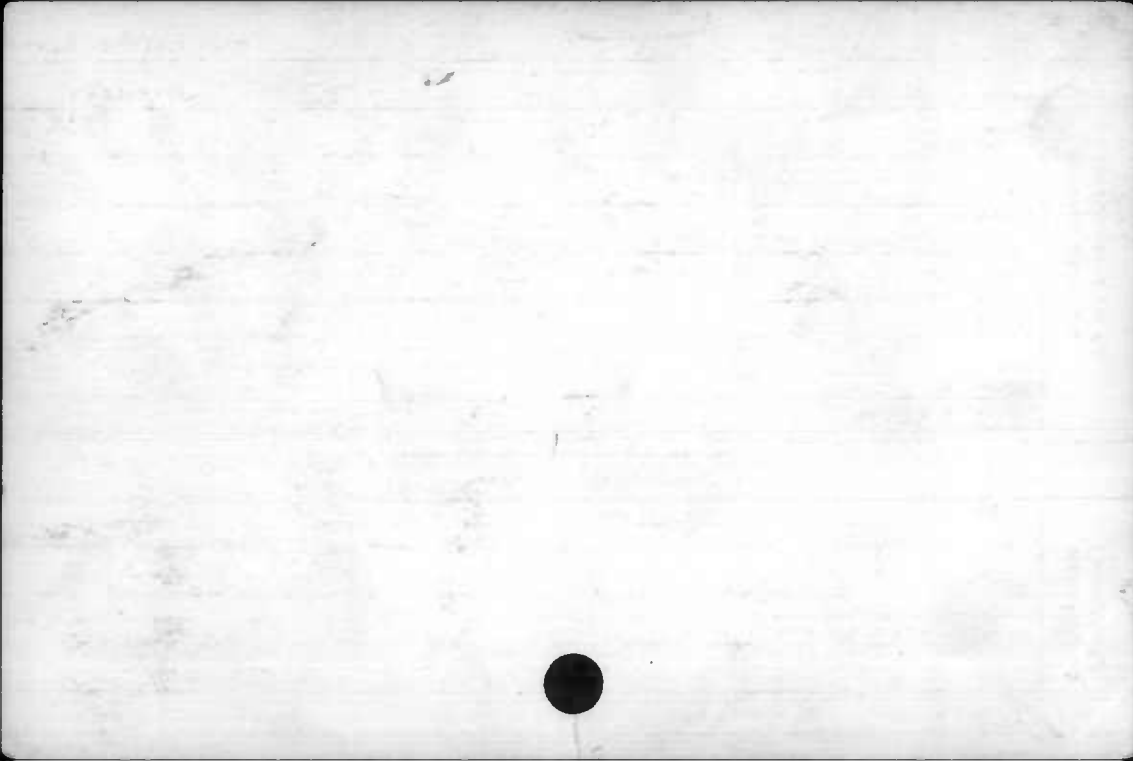
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Behmar</i>		Town <i>Behmar</i>		County <i>Hickman</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>Jan</i>	Day <i>6</i>	Age <i>0</i>	Years <i>0</i>	Months <i>3</i>	Days <i>19</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Behmar</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Behmar</i>						
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband _____						
Father's Name <i>Elijah Storteen</i>	Father's Birthplace <i>Delaware</i>						
Mother's Maiden Name <i>Virginia Truitt</i>	Mother's Birthplace <i>MD</i>						
Name of person giving Information <i>Elijah Storteen</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>meningitis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert Ellengood M.D.</i>
	Address <i>Behmar MD</i>
Accident or Suicida	



Name
in
Full

CERTIFICATE OF DEATH

Frank Wrede

Town

County

MARYLAND

Died at

Chalisbury

Wicomico

Date

Month

Day

Years

Months

Days

of death

1900

Jan.

20th

Age

45

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Florist

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Catherine Wrede

Father's
Name

Leonia Wrede

Father's
Birthplace

Germany

Mother's
Maiden Name

Not known

Mother's
Birthplace

Germany

Name of person giving
In formation

Catherine Wrede

How related
to deceased

Wife

CAUSES OF DEATH

68

Primary

Acute Mania & Insomnia

How long

3 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

503 5th St
Salisbury

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

